## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

serial no. 10/*591931* 

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

## **CLAIMS**

IND.   DEP.   IND.   DEP.   IND.   DEP.		AS F	ILED		TER ndment		FER ndment
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20				<del></del>	<b>-</b>		
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23 24 25 26 27 27 28 29 30 31 31 32 33 34 35 36 37 38 38 39 40 41 41 42 42 43 44 45 47 48 49 50 TOTAL DEP.  75 77 78 78 79 79 80 80 81 81 82 83 83 84 84 84 99 90 90 100 TOTAL DEP.	21						
24   25   74   75   76   77   75   76   77   77   78   29   79   30   80   31   31   32   81   32   82   33   34   84   35   36   36   37   38   39   40   41   41   41   41   41   41   41	22						
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79 30 31 31 32 33 33 34 35 36 37 38 39 40 40 41 41 42 43 44 44 44 44 44 44 44 44 44 44 44 44		<del></del>				:	<u> </u>
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31 32 33 34 34 35 36 36 37 38 86 37 38 88 39 40 40 41 42 42 43 44 45 44 45 44 45 44 45 44 45 46 47 48 49 50 1 TOTAL IND.	30						
33 34 34 35 36 36 37 38 38 38 49 39 40 41 42 43 44 4 44 4 44 44 4 4 4 4 4 4 4 4 4							
34 35 36 36 37 38 38 39 39 40 41 41 41 41 41 41 41 41 41 41 41 41 41	32						
35   36   37   38   37   38   39   39   39   39   30   39   30   30	34						
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38 39 88 89 90 40 91 41 92 91 42 92 43 93 94 44 45 95 46 96 477 97 48 99 99 50 100 TOTAL ND. TOT	36						
39				<del></del>			
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44   94   95   95   46   97   48   98   99   99   50   100   TOTAL   IND.   TOTAL   IND.   TOTAL   DEP.   TOTAL							
45							
46   96   97   48   98   99   99   100   TOTAL   IND.   TOTAL   IN							
47 48 49 50 TOTAL IND. TOTAL DEP.  TOTAL DEP.  48 97 98 99 100 TOTAL IND. TOTAL DEP.	46						
49 50 TOTAL ND. TOTAL DEP.  99 100 TOTAL DEP.  TOTAL DEP.							
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TOTAL DEP.	TOTAL	<del></del>			╼╈═┪		
DEP. DEP.			▼		▼		<b>▼</b>
TOTAL CLAIMS CLAIMS			<b>(-</b>		<del> </del>		<b>(</b>